FORM D

1359361

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL	
OMB Number: Expires: Estimated average burden hours per form	



Name of Offering	check if this is an a	mendment and name	has changed, and ir	dicate change.		
Issuance of Comm	on Stock					
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	ĬŲſŢŎĔ
Type of Filing:	New Filing	☐ Amendment				RECEIVED
		A. BA	SIC IDENTIFICATION	ON DATA	[65,]	16.
1. Enter the inform	nation requested about th	e issuer			//-	-n A 7 2007 >>
Name of Issuer	check if this is an a	mendment and name	has changed, and in	dicate change.	The state of the s	
Bix.com, Inc.			AL (10)		700	
Address of Executiv			(Number and Stre	et, City, State, Zip Co	de) Telephone Nu (650) 233-450	mber (Including Area Code)
	Palo Alto, CA 94301	 			<u> </u>	
Address of Executiv	e Offices		(Number and Stre	et, City, State, Zip Co	de) Telephone Nu	ımber (Including Area Code)
(if different from Exe		e as above				ARA
Brief Description of	Business: Social Ne	tworking Services				PROCESSE
Type of Business O	roanization		<u> </u>			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	⊠ corporation	☐ timited	partnership, already	formed	other (please sr	FEB 2 2 2007
	□ business trust		partnership, to be for		☐ other (blease st	ocity)
			 			THOMSON
Actual or Estimated	Date of Incorporation or 0	Organization:	Month 1	O Yea	ar 6 ⊠ Act	tual Estimated
	· ·	<u> </u>		1		Listinated
Jurisaiction of incorp	poration or Organization:				ction C	
			ON 101 Canada, FN 18	or other foreign jurisdic	cuon <u>C</u>	<u> </u>
GENERAL INSTRU Federal:	CTIONS					•
Who Must File: Al U.S.C. 77d(6).	l issuers making an offeri	ng of securities in relia	nce on an exemptio	n under Regulation D	or Section 4(6), 17 C	FR 230.501 et seq. or 15
	A notice must be filed ange Commission (SEC) is due, on the date it was	on the earlier of the d	ate it is received by	he SEC at the addres	s given below or, if r	ed filed with the U.S. eceived at that address after
Where to File:	U.S. Securities and Ex	change Commission,	450 Fifth Street, N.V	/., Washington, D.C. 2	20549.	
Copies Required: be photocopies of the	Five (5) copies of this ne manually signed copy of	notice must be filed wi or bear typed or printe	th the SEC, one of w	hich must be manuall	y signed. Any copie	s not manually signed must
Information Require changes thereto, the appendix need not be	d: A new filing mu e information requested in se filed with the SEC.					issuer and offering, any A and B. Part E and the
Filing Fee: Ther	e is no federal filing fee.					.
ULOE and that have be, or have been ma	ade. If a state requires th	ers relying on ULOE me payment of a fee as	ust file a separate n a precondition to the	otice with the Securitie claim for the exempt	es Administrator in ea ion, a fee in the prop	ates that have adopted ach state where sales are to er amount shall accompany a part of this notice and must
			ATTENTION			i

Failure to file notice in the appropriate states will not result in a loss of the federal exemption.

Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such

exemption is predicated on the filing of a federal notice.

1			ı		
		A. BASIC	IDENTIFICATION DATA		
Each beneficial own Each executive office	ne issuer, if the iss ner having the pov cer and director of	suer has been organized wi wer to vote or dispose, or di	thin the past five years; irect the vote or disposition o orporate general and manag	of, 10% or more of ging partners of pa	a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Michael Speiser			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 451 Florence Ave.	, Palo Alto, CA 9	4301
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Trinity Ventures VIII,	, L.P.		
Business or Residence Add 94304	ress (Number and	Street, City, State, Zip Co	de): c/o James N. Whi t	te, 755 Page Mill I	Road, Suite A-200, Palo Alto, CA
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Sutter Hill Ventures,	A California Limited Partr	nership	!
Business or Residence Add Park, CA 94025	ress (Number and	1 Street, City, State, Zip Co	de): c/o Lawrence K. C	orr, 3000 Sand Hil	l Road, Bidg. #4, Suite #160, Menlo
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	James N. White			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 755 Page Mill Roa	d, Sulte A-200, Pa	alo Alto, CA 94304
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Lawrence K. Orr			· · · · · · · · · · · · · · · · · · ·
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 3000 Sand Hill Ro	ad, Bldg. #4, Suit	e #160, Menio Park, CA 94025
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Geoff Raiston			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 451 Florence Ave.	, Palo Alto, CA 9	4301
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Jeremy Burton			
Business or Residence Add	ress (Number and	1 Street, City, State, Zip Co	de): 451 Florence Ave.	, Palo Alto, CA 9	4301
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	<u> </u>			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):		

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				•••		B. INFOR	RMATION	ABOUT O	FFERING					
	 las the issue	r sold, or o	loes the is:	suer intend	to sell, to	non-accre	edited inve	stors in th	is offering?	······		. ,	Yes	<u>No</u>
														⊠.
•	. M !			L _ &			:. : : 0							_
	What is the minimum investment that will be accepted from any individual?											60.10 Maa	No	
3. [oes the one	ring permit	I Joint owne	ersnip of a	single uni		••••••						Yes 57	No.
6 (inter the info ny commissi ffering. If a nd/or with a ssociated pe	ion or simil person to t state or sta	lar remune be listed is ates, list th	ration for s an associ e name of	solicitation ated perso the broke	of purchas n or agent r or dealer	sers in con of a broke . If more t	nection wi er or deale han five (5	th sales of r registere) persons	securities d with the to be lister	in the SEC d are		⊠	
Fuil N	ame (Last na	ame first, if	individual):										
Busin	ess or Reside	ence Addre	ess (Numb	er and Str	eet. City. S	State Zip (Code):							
		51100710011	000 (1101110		oot, oxy, c	жило, ш р ч							:	
Name	of Associate	ed Broker o	or Dealer:											•
	in Which Pe Check "All S													☐ All States
□ [A	_]	☐ [AZ]	☐ [AR]	☐ [CA]	☐ [CO]	[CT]			[FL]	☐ [GA]	[HI]	[ID]		
□ [IL	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	☐ [ME]	☐ [MD]	[MA]	[MI]	☐ [MN]	□ [MS]	☐ [MO]		,
□ [M	T] [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ {NY}	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	☐ [OR]	□ [PA]		
□ (R] 🔲 [SC]	[SD]		[TX]	[[UT]	□ (VT)	□ [VA]	□ [WA]		□ [WI]		☐ [PR]		
Full N	ame (Last na	ame first, if	individual):										· · · · · ·
Busin	ess or Resid	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code):							
Name	of Associate	ed Broker o	or Dealer:											
	in Which Pe Check "All S												,	All States
□ [A	_]	□ [AZ]	☐ [AR]	☐ [CA]	☐ [CO]	□ [CT]	□ [DE]		□ [FL]	☐ [GA]	[HI]	[ID]		
	☐ [IN]	□ [IA]	[KS]	□ [KY]		☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	☐ [MO]		
□ (M	T] [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	☐ [NC]			□ [OK]	[OR]	□ [PA]		
□ [R		☐ [SD]	□ [TN]	□ (x1)		□ [VT]	□ [VA]	□ [WA]		□ [WI]		□ [PR]		
Full N	ame (Last na	ame first, if	individual):										
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code):	· - ,			•			
Name	of Associate	ed Broker o	or Dealer:				-							
	in Which Pe Check "All S						nasers:							All States
□ [A	_] [AK]	□ [AZ]	☐ [AR]	[CA]	[CO]	□ [CT]	□ [DE]			☐ [GA]	☐ [HI]	[ID]		
☐ (IL	[NI] 🔲 [[IA]	☐ [KS]	[KY]	[LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]		
□ [M	T] [NE]	□ [NV]	□ [NH]	☐ [NJ]	□ [NM]	□ [NY]			□ [OH]		☐ [OR]	□ [PA]		
□ [P		☐ (SD)	□ (ти)	[XT] □	[UT]	□ [VT]	□ [VA]	□ [WA]	[M∧]	□ [WI]	□ [WY]	□ [PR]		
														

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF	PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$_	
	Equity	\$	143,907.00	\$	143,907.00
	☑ Common ☐ Preferred		i.		
	Convertible Securities (including warrants)	\$	0	\$	
	Partnership Interests	s	0	. — s	. 0
	Other (Specify)	s	. 0	. <u>-</u>	O
	Total	\$	143,907.00	. <u></u>	143,907.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>-</u>	1 10,007100	· <u>*</u>	,
2.	Enter the number of accredited and non-accredited investors who have purchases securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount Of Purchases
	Accredited Investors	•	20	<u>\$</u>	143,907.00
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	<u>\$</u>	0.
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				•
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A_	\$	N/A
	Regulation A		N/A	\$, N/A
	Rule 504		N/A	<u>\$</u>	N/A
	Total		N/A_	\$	N/A
4.	 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be give as subject to future contingencies. If the amount of an expenditure is not know, furnish as estimate and check the box to the left of the estimate. 				
	Transfer Agent's Fee			\$	
	Printing and Engraving Costs			<u>\$</u>	
	Legal Fees			\$	į
	Accounting Fees			\$	
	Engineering Fees		_ ·	\$	
	Sales Commissions (specify finders' fees separately)			s	
	Other Expenses (identify)			s	
	Total		, D	s ·	<u> </u>
	T VIAI	•••••		- -	1

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		BER OF INVESTORS, EXPEN	SES ANI	USE OF PROCEED	S		
				 			<u>.</u>
	 Enter the difference between the aggregate offering p Question 1 and total expenses furnished in response to Pa the "adjusted gross proceeds to the issuer." 	rt C - Question 4.a. This differ	ence is			<u>\$</u>	143,907.00
. 1	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for an estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response.	ly purpose is not known, furnish total of the payments listed mu	ı an ıst equal	Payments to		٠	
		,		Ófficers, Directors & Affiliates			Payments to Others
	Salaries and fees			\$			\$
	Purchase of real estate			\$			\$
•	Purchase, rental or leasing and installation of mach	ninery and equipment		\$			\$
	Construction or leasing of plant buildings and facilit	ies		\$			\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asse		r	\$			\$
	Repayment of indebtedness			\$			<u>\$</u>
	Working capital		\boxtimes	\$		☒ .	\$ 143,907.00
	Other (specify):			\$			\$
				\$			\$
	Column Totals			\$			\$
	Total payments Listed (column totals added)			⊠	\$	1.	43,907.00
		D. FEDERAL SIGNATURE					
con:	s issuer has duly caused this notice to be signed by the unstitutes an undertaking by the issuer to furnish to the U.S. the issuer to any non-accredited investor pursuant to parag	Securities and Exchange Comn	on. If this nission, u	notice is filed under F pon written request of	Rule 5	605, the aff, the	following signature information furnished
Issu	er (Print or Type)	Signature /			Dat	e	
	com, Inc.	MA			Fel	oruary	6, 2007
		Title of Signer (Print or Type)					
Mic	hael Speiser	Chief Executive Officer and F	<u>Presiden</u>	,			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)